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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/584720 **Filing Date** 12/22/2004 **POWER OF ATTORNEY** First Named Inventor Gebhardt PROCESS FOR THE PREPARATION OF and **CORRESPONDENCE ADDRESS** TRIAZOLOPYRIMIDINES Title INDICATION FORM Art Unit **Examiner Name** Attorney Docket No. 64,957A I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: 25212 X Practitioner(s) named below: Registration Number Registration Number Name Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City State ΖIp Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature 01/18/2008 Name Andrea T. Borucki Telephone 317-337-4820 Title and Company General Patent Counsel, Dow AgroSciences LLC NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X *Total of forms are submitted